Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (# known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Dennis	Kristine
	your government-issued	First name	First name
	picture identification (for example, your driver's	Z.	A.
	license or passport).	Middle name	 Middle name
	Bring your picture	Mrowicki	Mrowicki
	identification to your	Last name and Suffix (Sr., Jr., II, III)	 Last name and Suffix (Sr., Jr., II, III)
	meeting with the trustee.		
2.	All other names you have used in the last 8 years		
	Include your married or		
	maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9436	xxx-xx-7936
	······/		

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Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	☐ I have not used any business name or EINs.  DBA Mrowicki Builders  Business name(s)  EINs	I have not used any business name or EINs.  Business name(s)  EINs				
5.	Where you live	4 Bridget Terrace	If Debtor 2 lives at a different address:				
		Utica, IL 61373 Number, Street, City, State & ZIP Code La Salle	Number, Street, City, State & ZIP Code				
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Debtor 1 Dennis Z. Mrowicki Debtor 2 Kristine A. Mrowicki

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	otor 1 Dennis Z. Mrowick totor 2 Kristine A. Mrowick					Case number (if known)							
Par	t 2: Tell the Court About	Your	r Bankruptcy Ca	ase									
7.	The chapter of the Bankruptcy Code you are		Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.										
	choosing to file under		Chapter 7										
			Chapter 11										
			Chapter 12										
			Chapter 13										
8. How you will pay the fe		•	about how yo	ou may pay. Typ attorney is subr	ically, if you are paying the fee y	ck with the clerk's office in your local courself, you may pay with cash, cashinalf, your attorney may pay with a cred	er's check, or money						
					callments. If you choose this opt s (Official Form 103A).	ion, sign and attach the Application fo	r Individuals to Pay						
			but is not req that applies t	luired to, waive y o your family siz	your fee, and may do so only if y se and you are unable to pay the	on only if you are filing for Chapter 7. It our income is less than 150% of the office in installments). If you choose this (Official Form 103B) and file it with you	official poverty line soption, you must fill						
9.	Have you filed for	_	No.										
	bankruptcy within the last 8 years?		Yes.										
		_	District		When	Case number							
			District		When	Case number							
			District		When	Case number							
10.	Are any bankruptcy cases pending or being	•	No										
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?		Yes.										
			Debtor			Relationship to you							
			District		When	Case number, if known							
			Debtor			Relationship to you							
			District		When	Case number, if known							
11.	Do you rent your residence?	_	No. Go to I	ine 12.									
			Yes. Has yo	our landlord obta	ined an eviction judgment again	st you and do you want to stay in your	residence?						
				No. Go to line	12.								
				Yes. Fill out Indibankruptcy pet		n Judgment Against You (Form 101A)	and file it with this						

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	Dennis Z. Mrowick otor 2 Kristine A. Mrowick				Case number (if known)
Par	t 3: Report About Any Bu	sine	sses \	You Own as a Sole Propri	etor
	Are you a sole proprietor			·	
	of any full- or part-time business?		No.	Go to Part 4.	
			Yes.	Name and location of be	usiness
	A sole proprietorship is a			D.K. Massadald Dadid	han 0 Oanatarathan
	business you operate as an individual, and is not a			D.K. Mrowicki Build  Name of business, if an	
	separate legal entity such as a corporation, partnership, or LLC.				y
	If you have more than one			4 Bridget Terrace Utica, IL 61373	
	sole proprietorship, use a separate sheet and attach			Number, Street, City, St	ate & ZIP Code
	it to this petition.			Check the appropriate b	pox to describe your business:
				☐ Health Care Bus	siness (as defined in 11 U.S.C. § 101(27A))
				☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))
				☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))
				☐ Commodity Brok	xer (as defined in 11 U.S.C. § 101(6))
				None of the abo	ve
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	dea ope	adlines eration	<ol><li>If you indicate that you ar</li></ol>	e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of dederal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small		No.	I am not filing under Cha	apter 11.
	business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chapte Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
			Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code
Par	t 4: Report if You Own or	· Hav	∕e Any	Hazardous Property or A	ny Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat	■ No			
	of imminent and			What is the hazard?	
	identifiable hazard to public health or safety?	Ye	S.		
	Or do you own any			If immediate attention is	
	property that needs immediate attention?			needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	
	•				Number, Street, City, State & Zip Code

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Debtor 1	Dennis Z. Mrowicki		
Debtor 2	Kristine A. Mrowicki	Case number (if known)	

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

	I am not required to receive a briefing about
_	credit counseling because of:

	Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
	Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
_	Active duty.	I am currently on active

military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	I am not required to receive a briefing about credit
_	counseling because of:

Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	tor 1 Dennis Z. Mrowick tor 2 Kristine A. Mrowick							Case no	umber (if known	n)
Par	6: Answer These Questi	ions	for R	eport	ing Purposes					
16.	What kind of debts do you have?	16a			your debts primarily consu				e defined in 1	1 U.S.C. § 101(8) as "incurred by ar
					No. Go to line 16b.					
					Yes. Go to line 17.					
		16b			your debts primarily busine					
					ney for a business or investme	ent or	through the	operation of the	e business or	investment.
					No. Go to line 16c.					
		160		Stot	Yes. Go to line 17.	not o	ro not conqui	mar dahta ar hi	usinosa dobta	
		16c	•	Siai	e the type of debts you owe the	iai ai	e not consu	mer debts or bu	usiness debis	
17.	Are you filing under Chapter 7?		No.	l am	not filing under Chapter 7. G	o to l	ine 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses	I am filing under Chapter 7. Do you expenses are paid that funds will be								
	are paid that funds will be available for				No					
	distribution to unsecured creditors?				Yes					
18.	How many Creditors do		1-49	)			1,000-5,00	0		25,001-50,000
	you estimate that you owe?		50-9	9			5001-10,00			, ,
			100-				10,001-25,	000		More than100,000
			200-	<del></del>						
19.	How much do you estimate your assets to		\$0 -					I - \$10 million		\$500,000,001 - \$1 billion
	be worth?				\$100,000			)1 - \$50  million )1 - \$100 millior		
					- \$500,000 - \$1 million			001 - \$100 millio 001 - \$500 millio		
			Ψοσο		<b>**</b> **********************************					
20.	How much do you estimate your liabilities		\$0 -					I - \$10 million		\$500,000,001 - \$1 billion
	to be?				\$100,000 - \$500,000			)1 - \$50  million )1 - \$100 millior	_	\$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion
					- \$1 million			001 - \$500 millio		
Part	7: Sign Below									
For	you	I ha	ve ex	amin	ed this petition, and I declare	unde	r penalty of p	perjury that the	information p	rovided is true and correct.
					en to file under Chapter 7, I ar Code. I understand the relief					Chapter 7, 11,12, or 13 of title 11, proceed under Chapter 7.
					represents me and I did not p ave obtained and read the not					orney to help me fill out this
		I re	quest	relief	in accordance with the chapt	er of	title 11, Unit	ed States Code	e, specified in	this petition.
			I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.							
					. Mrowicki rowicki			/s/ Kristine /		<u>i</u>
					ebtor 1			Signature of D		
		Exe	cuted	on	February 4, 2016 MM / DD / YYYY			Executed on	February MM / DD / Y	

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Debtor 1 Debtor 2 Dennis Z. Mrowic Kristine A. Mrow	· · · ·	Cas	Case number (if known)					
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, l	United States Code, and have	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. §					
If you are not represented by an attorney, you do not need to file this page.	342(b) and, in a case in which § 707(b)(4) in the schedules filed with the petition is in	no knowledge after an inquiry that the information						
	/s/ John C. Renzi -	Date	February 4, 2016					
	Signature of Attorney for Debtor		MM / DD / YYYY					
	John C. Renzi -							
	Printed name							
	JUNE, PRODEHL, RENZI & LYNCH, LLC - #03124627							
	Firm name							
	1861 Black Road							
	Joliet, IL 60435							
	Number, Street, City, State & ZIP Code							
	Contact phone (815) 725-8000	Email address						
	#03124627							
	Bar number & State							

Fill in this infor	mation to identify your	case:			
Debtor 1	Dennis Z. Mrowid	ki			
	First Name	Middle Name	Last Name		
Debtor 2	Kristine A. Mrowi	icki			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS		
Case number _					Check if this is an amended filing

	ficial Form 106Sum		
Be a	mmary of Your Assets and Liabilities and Certain Statistical Information as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend roriginal forms, you must fill out a new Summary and check the box at the top of this page.	or supplyi	
Pai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	420,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	68,700.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	488,700.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	433,742.21
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	4,300.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	158,312.67
	Your total liabilities	\$	596,354.88
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,663.17
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,592.70
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other s	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	l, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and	submit this form to
Off	icial Form 106Sum  Summary of Your Assets and Liabilities and Certain Statistical Information		page 1 of 2

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Debt	or 1 Dennis Z. Mrowicki		
Debt	or 2 Kristine A. Mrowicki	Case number (if known)	
	the court with your other schedules.		
	From the Statement of Your Current Monthly Income: Co 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 L		\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	4,300.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	4,300.00

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Debtor 1	Dennis Z. Mro	owicki					
	First Name	-	e Name	Last Name			
Debtor 2 (Spouse, if filing)	Kristine A. Mr		e Name	Last Name			
United States B	sankruptcy Court for the	he: NORTHER	RN DIST	RICT OF ILLINOIS			
Case number							Check if this is an amended filing
Official Fo	orm 106A/B						
	le A/B: Pro	operty					12/15
				only once. If an asset fits in more than one of people are filing together, both are equall			
				top of any additional pages, write your name			
Part 1: Describe	e Each Residence, Build	lding, Land, or Oth	ner Real I	Estate You Own or Have an Interest In			
Describe	c Lacif Residence, Built	laring, Laria, or Oth	ici itcui	Estate 100 OWI of Have all interest in			
. Do you own or	have any legal or equit	table interest in an	ny reside	nce, building, land, or similar property?			
☐ No. Go to F	Part 2.						
Vac Wha	:- th 0						
Yes, whie	ere is the property?						
e res. whe	ere is the property?						
■ Yes. Whe	ere is the property?						
	ere is the property?		What	is the property? Check all that apply			
			What	is the property? Check all that apply Single-family home	Do not dodu	et aggured ele	sime or exampliance. But the
1.1 <b>4 Bridge</b>		ription	•	: <b>is the property?</b> Check all that apply Single-family home Duplex or multi-unit building	amount of ar	ny secured cla	nims on Schedule D:
1.1 <b>4 Bridge</b>	t Terrace	ription	What ■ □	Single-family home	amount of ar	ny secured cla	
1.1 4 Bridge	t Terrace	ription	•	Single-family home  Duplex or multi-unit building	amount of ar	ny secured cla	nims on Schedule D:
1.1 <b>4 Bridge</b>	t Terrace	ription		Single-family home  Duplex or multi-unit building	amount of ar Creditors Wi	ny secured cla no Have Clain	ns Secured by Property.
1.1 4 Bridge	t <b>Terrace</b> s, if available, or other descri	ription 61373-0000		Single-family home  Duplex or multi-unit building  Condominium or cooperative	amount of ar	ny secured cla no Have Clain ue of the	nims on Schedule D:
1.1  4 Bridge  Street address	t <b>Terrace</b> s, if available, or other descri			Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	amount of ar Creditors Wi  Current valuentire prope	ny secured cla no Have Clain ue of the	ns Secured by Property.  Current value of the
4 Bridge Street address	t Terrace s, if available, or other descri	61373-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land	amount of ar Creditors Wi  Current valuentire prope	ny secured clain the Have Clain the of the erty? 0,000.00	current value of the portion you own?
4 Bridge Street address	t Terrace s, if available, or other descri	61373-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other	amount of ar Creditors Will Current valuentire prope \$420  Describe the (such as fee	ny secured clain Have Clain ue of the entry? 0,000.00 e nature of ye e simple, tena	current value of the portion you own?
1.1 4 Bridge Street address	t Terrace s, if available, or other descri	61373-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	amount of ar Creditors Wi  Current valuentire prope \$420  Describe the	ny secured clain Have Clain ue of the entry? 0,000.00 e nature of ye e simple, tena	current value of the portion you own?  \$420,000.00 cour ownership interest
1.1 4 Bridge Street address  Utica City	t Terrace s, if available, or other descri	61373-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	amount of ar Creditors Will Current valuentire prope \$420  Describe the (such as fee	ny secured clain Have Clain ue of the entry? 0,000.00 e nature of ye e simple, tena	current value of the portion you own?  \$420,000.00 cour ownership interest
1.1  4 Bridge Street address  Utica City  La Salle	t Terrace s, if available, or other descri	61373-0000		Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check one Debtor 1 only Debtor 2 only	amount of ar Creditors Will Current valuentire prope \$420  Describe the (such as fee	ny secured clain Have Clain ue of the entry? 0,000.00 e nature of ye e simple, tena	current value of the portion you own?  \$420,000.00 cour ownership interest
1.1  4 Bridge Street address  Utica City	t Terrace s, if available, or other descri	61373-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	amount of ar Creditors Will Current valuentire prope \$420  Describe the (such as fee a life estate)	ny secured clain  Have Clain  He of the entry?  0,000.00  He nature of your simple, tenator, if known.	current value of the portion you own?  \$420,000.00 cour ownership interest
1.1  4 Bridge Street address  Utica City  La Salle	t Terrace s, if available, or other descri	61373-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	amount of ar Creditors Will  Current valuentire prope \$420  Describe the (such as fee a life estate)	ny secured clain  the of the entry?  0,000.00  the nature of your simple, tenath, if known.	Current value of the portion you own? \$420,000.00  our ownership interest ancy by the entireties, or
1.1  4 Bridge Street address  Utica City  La Salle	t Terrace s, if available, or other descri	61373-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	amount of ar Creditors Will  Current valuentire prope \$420  Describe the (such as fee a life estate)	ny secured clain  the of the entry?  0,000.00  the nature of your simple, tenath, if known.	Current value of the portion you own? \$420,000.00  our ownership interest ancy by the entireties, or
1.1  4 Bridge Street address  Utica City  La Salle	t Terrace s, if available, or other descri	61373-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this item	amount of ar Creditors Will  Current valuentire prope \$420  Describe the (such as fee a life estate)	ny secured clain  the of the entry?  0,000.00  the nature of your simple, tenath, if known.	Current value of the portion you own? \$420,000.00  our ownership interest ancy by the entireties, or
1.1  4 Bridge Street address  Utica City  La Salle	t Terrace s, if available, or other descri	61373-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this item	amount of ar Creditors Will  Current valuentire prope \$420  Describe the (such as fee a life estate)	ny secured clain  the of the entry?  0,000.00  the nature of your simple, tenath, if known.	Current value of the portion you own? \$420,000.00  our ownership interest ancy by the entireties, or
1.1  4 Bridge Street address  Utica City  La Salle County	t Terrace s, if available, or other descri	61373-0000 ZIP Code	Who Cother proper	Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this item	amount of ar Creditors Will  Current valuentire prope \$420  Describe the (such as fee a life estate)  Check (see inst	ny secured clain  the of the entry?  0,000.00  the nature of your simple, tenath, if known.	Current value of the portion you own? \$420,000.00  our ownership interest ancy by the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1 Case 16-03378 Doc 1 Filed 02/04/16 Entered 02/04/16 14:46:23 Desc Main Document Page 11 of 59

	btor 1 btor 2	Dennis Z. M Kristine A. I				Case num	oer (if known)		
3. (	Cars, v	ans, trucks, trac	ctors, sport utility ve	hicle	s, motorcycles				
Г	] No								
Ī	- ■ Ye:	S							
3.	_	ke: <b>GMC</b>		Wh	no has an interest in the property? Cher			ed claims or exemptions.	
	Mod				Debtor 1 only	Cre	ditors Who Have	Claims Secured by Prope	erty.
	Yea	ar: <b>2012</b>			Debtor 2 only	Cui	rent value of the	Current value of	the
	App	proximate mileage:	50,900		Debtor 1 and Debtor 2 only	ent	ire property?	portion you own?	<u>}</u>
		er information:			At least one of the debtors and another	r			
	(pa	rtially liened)		_			\$35,000.0	0 \$35,00	00 00
					Check if this is community property (see instructions)	_	400,000.0		
	pages	ne dollar value o you have attach		that r	all of your entries from Part 2, in number here			\$35,000.	00
Do	you o	wn or have any	legal or equitable in		t in any of the following items?			Current value of portion you own? Do not deduct sec claims or exemptic	? ured
			furnishings nces, furniture, linens	, chin	a, kitchenware				
	■ Ye	es. Describe							
			8 rooms of furn		, appliances, electronics & Ki of 9 yrs of age	itchenware		<b>\$8</b>	75.00
	□ No	oles: Televisions a including ce	I phones, cameras, m	nedia	. ,	ıters, printers, scar	ners; music col	llections; electronic de	vices
			2 flatscreens (la 2 small flatscree Regular TV					\$3	50.00
-	Examp	other collect	d figurines; paintings, ions, memorabilia, co		s, or other artwork; books, pictures, oles	or other art objects	s; stamp, coin, c	or baseball card collec	xtions;
	Examp	musical inst	ographic, exercise, ar	nd oth	er hobby equipment; bicycles, pool	tables, golf clubs,	skis; canoes ar	nd kayaks; carpentry t	ools;
	□ No								

Case 16-03378 Doc 1 Filed 02/04/16 Entered 02/04/16 14:46:23 Desc Main Page 12 of 59 Document 2/04/16 2:44PM Dennis Z. Mrowicki Debtor 1 Debtor 2 Kristine A. Mrowicki Case number (if known) Yes. Describe..... \$30.00 Bike 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$325.00 **Necessary wearing apparel** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$450.00 wedding rings and asserted minor jewelry (Costume) 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$20.00 dog (Yorkie-fixed) (11 yrs old) 14. Any other personal and household items you did not already list, including any health aids you did not list □ No Yes. Give specific information..... Pool (included with house) value as fixture \$250.00 Hot tub (not operational) (over 8 years of age) (est.) \$2,300.00 for Part 3. Write that number here .....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Yes.....

Cash

\$50.00

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	ebtor 1 ebtor 2		. Mrowicki A. Mrowicki		Case number (if known)	
17.	Exan	institutio	g, savings, or		ts; certificates of deposit; shares in credit unions, brokerage houses, and other that the same institution, list each.	er similar
	□ No	es			Institution name:	
			17.1.	checking	1st State Bank (est) Debtor	\$150.00
			17.2.	checking	1st State Bank (est) (Co-Debtor)	\$100.00
			17.3.	business checking	g 1st State Bank (included below #19)	\$0.00
18.				ly traded stocks ent accounts with broke	rage firms, money market accounts	
	<ul><li>■ N</li><li>□ Ye</li></ul>	lo es		Institution or issuer nan	ne:	
19.		joint venture	d stock and	interests in incorpora	ted and unincorporated businesses, including an interest in an LLC, par	tnership,
	_			n about themne of entity:	 % of ownership:	
			D. I	K. Mrowicki (include	es Bank account) (Debtor) 100 %	\$1,000.00
20.	Nega Non- ■ N	otiable instrume negotiable inst	ents include p truments are t ic information	ersonal checks, cashie hose you cannot transf about them	ble and non-negotiable instruments rs' checks, promissory notes, and money orders. er to someone by signing or delivering them.	
21.		ement or pens	sion account		(b), thrift savings accounts, or other pension or profit-sharing plans	
	□ No	es. List each a		ately. of account:	Institution name:	
			Pens	ion (est)	Carpenter Local 195	\$2,100.00
22.	Your		used deposit	s you have made so tha	at you may continue service or use from a company olic utilities (electric, gas, water), telecommunications companies, or others	
	■ N □ Ye	lo es			Institution name or individual:	
23.	_			dic payment of money to	o you, either for life or for a number of years)	
	■ N	lo es	Issuer name	e and description.		
24.	_ Intere		cation IRA, ir	an account in a qual	ified ABLE program, or under a qualified state tuition program.	
	■ N	lo es	Institution n	ame and description. S	separately file the records of any interests.11 U.S.C. § 521(c):	

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	ebtor ebtor		Dennis Z. Mrowick Kristine A. Mrowic		Case number (if know	<i>m</i> )
25	. Tru	ısts,	equitable or future into	erests in property (other than an	thing listed in line 1), and rights or powers	exercisable for your benefit
		No				
		Yes.	Give specific information	on about them		
26				rks, trade secrets, and other intel nes, websites, proceeds from royal		
			Give specific information	on about them		
27	Ex	<i>(ampl</i> No			ciation holdings, liquor licenses, professional lice	enses
		165.	. Give specific informati	ion about triem		<b>-</b>
					e County - 11 LM 35) pending over 4 to counter-claim and disputed_	\$28,000.00
M	loney	or p	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28	. Ta	x refu	unds owed to you			
		No Yes.	Give specific information	on about them, including whether yo	ou already filed the returns and the tax years	
29	Ex ■	kampl No	support les: Past due or lump su Give specific informatio		support, maintenance, divorce settlement, prop	erty settlement
30	. Otl Ex	h <b>er a</b> i kampl No		<b>s you</b> bility insurance payments, disability ns you made to someone else	benefits, sick pay, vacation pay, workers' com	npensation, Social Security
			Give specific information	on		
31		ampl	s in insurance policies les: Health, disability, or		unt (HSA); credit, homeowner's, or renter's inse	urance
		Yes.		ompany of each policy and list its vompany name:	alue. Beneficiary:	Surrender or refund value:
			Pe	ekin Insurance (term)	spouse	\$0.00
32	If y	you a		s due you from someone who ha ving trust, expect proceeds from a	s died ife insurance policy, or are currently entitled to	receive property because
		No				
		Yes.	Give specific information	on		
33	Ex	campl		whether or not you have filed a late nent disputes, insurance claims, or	wsuit or made a demand for payment rights to sue	
		No Yes	. Describe each claim			
	_	. 55	55555 54611 0141111			

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Debtor 1 Debtor 2	Dennis Z. Mrowicki Kristine A. Mrowicki		Case number (if known)	
	See #27 supra (no rec	covery anticipated)		\$0.00
34 Other	contingent and unliquidated claims of every nature, inc	cluding counterclaims	of the debtor and rights to	set off claims
■ No			o	
	s. Describe each claim			
25 Any fir	nancial assets you did not already list			
SS. Ally III ■ No	,			
_	s. Give specific information			
	s. Give specific informations.		_	
	the dollar value of all of your entries from Part 4, includer art 4. Write that number here			\$31,400.00
Part 5: De	escribe Any Business-Related Property You Own or Have an Inte	erest In. List any real estate	e in Part 1.	
37. <b>Do you</b> (	own or have any legal or equitable interest in any business-relat	ted property?		
	Go to Part 6.	,		
☐ Yes.	Go to line 38.			
	escribe Any Farm- and Commercial Fishing-Related Property Yo you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interest	ln.	
46. <b>Do vo</b> i	u own or have any legal or equitable interest in any farr	m- or commercial fishi	ng-related property?	
-	lo. Go to Part 7.		ang research property.	
	es. Go to line 47.			
· \	oc. Co to line 17.			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
	u have other property of any kind you did not already lisples: Season tickets, country club membership	st?		
■ No				
☐ Yes	s. Give specific information			
54 <b>Add</b> 1	the dollar value of all of your entries from Part 7. Write	that number here		\$0.00
				Ψ0.00
Part 8:	List the Totals of Each Part of this Form			
55 <b>B</b> 4				<b>*</b> **** *** ***
	1: Total real estate, line 2			\$420,000.00
	2: Total vehicles, line 5	\$35,000.00		
	3: Total personal and household items, line 15	\$2,300.00		
	4: Total financial assets, line 36	\$31,400.00		
	5: Total business-related property, line 45	\$0.00		
	6: Total farm- and fishing-related property, line 52	\$0.00		
oi. <b>Fait</b>	7: Total other property not listed, line 54	+ \$0.00		
62. Total	personal property. Add lines 56 through 61	\$68,700.00	Copy personal property to	sal \$68,700.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62			\$488,700.00

Official Form 106A/B Schedule A/B: Property page 6

2/04/16 3	. A A D A A

Fill in this infor	mation to identify your	case:			
Debtor 1	Dennis Z. Mrowic				
	First Name	Middle Name	Last Name		
Debtor 2	Kristine A. Mrowi	cki			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS		
Case number _ (if known)					Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	The state of the s		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
4 Bridget Terrace Utica, IL 61373 La Salle County	\$420,000.00		\$30,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2012 GMC Yukon 50,900 miles (partially liened)	\$35,000.00		\$4,800.00	735 ILCS 5/12-1001(c)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
2012 GMC Yukon 50,900 miles (partially liened)	\$35,000.00		\$4,725.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
8 rooms of furniture, appliances, electronics & Kitchenware averaging	\$875.00		\$875.00	735 ILCS 5/12-1001(b)
in excess of 9 yrs of age Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
2 flatscreens (large) 2 small flatscreens	\$350.00		\$350.00	735 ILCS 5/12-1001(b)
Regular TV Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	

Brief description of the property and line on	Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption
Schedule A/B that lists this property	portion you own  Copy the value from  Schedule A/B	Che	eck only one box for each exemption.	
Bike Line from <i>Schedule A/B</i> : <b>9.1</b>	\$30.00		\$30.00	735 ILCS 5/12-1001(b)
and nom constant 772.			100% of fair market value, up to any applicable statutory limit	
Necessary wearing apparel Line from Schedule A/B: 11.1	\$325.00		\$325.00	735 ILCS 5/12-1001(a)
			100% of fair market value, up to any applicable statutory limit	
wedding rings and asserted minor ewelry (Costume)	\$450.00		\$450.00	735 ILCS 5/12-1001(b)
ine from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
dog (Yorkie-fixed) (11 yrs old) ine from Schedule A/B: 13.1	\$20.00		\$20.00	735 ILCS 5/12-1001(b)
Line from Scriedule A/B. 13.1			100% of fair market value, up to any applicable statutory limit	
Pool (included with house) value as ixture	\$250.00		\$250.00	735 ILCS 5/12-1001(b)
Hot tub (not operational) (over 8 vears of age) (est.) Line from Schedule A/B: 14.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from <i>Schedule A/B</i> : <b>16.1</b>	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
checking: 1st State Bank (est) Debtor in	\$150.00		\$150.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	
checking: 1st State Bank (est) Co-Debtor)	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
ine from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
D. K. Mrowicki (includes Bank account) (Debtor)	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
100 % ownership Line from Schedule A/B: 19.1			100% of fair market value, up to any applicable statutory limit	
Pension (est): Carpenter Local 195 Line from Schedule A/B: 21.1	\$2,100.00		100%	735 ILCS 5/12-1006
			100% of fair market value, up to any applicable statutory limit	
Mrowicki vs. Denler (LaSalle County - 11 LM 35) pending over 4 years as	\$28,000.00		100%	735 ILCS 5/12-1001(h)(4)
disputed - (subject to counter-claim and disputed_ ine from Schedule A/B: 27.1			100% of fair market value, up to any applicable statutory limit	

Best Case Bankruptcy

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	btor 1 btor 2	Dennis Z. Mrowicki Kristine A. Mrowicki			Case number (if known)	
		description of the property and line on lule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
		n Insurance (term) eficiary: spouse	\$0.00		100%	215 ILCS 5/238
		rom Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
		#27 supra (no recovery ipated)	\$0.00		100%	735 ILCS 5/12-1001(h)(4)
		rom Schedule A/B: 33.1			100% of fair market value, up to any applicable statutory limit	
	wage Line f	es rom <i>Schedule A/B</i> :	Unknown		100%	735 ILCS 5/12-803, 740 ILCS 170/4
					100% of fair market value, up to any applicable statutory limit	
3.	(Subje	ou claiming a homestead exemption ect to adjustment on 4/01/16 and every			iled on or after the date of adjustme	nt.)
		res. Did you acquire the property cover	ered by the exemption wi	ithin 1	,215 days before you filed this case	?
	_ [	□ No				
	ı	¬ Yes				

Fill	in this information	on to identify you	ır ca	se:					
Del	otor 1 <b>F</b>	Dennis Z. Mrow	icki						
		irst Name	ICKI	Middle Name	Last Name				
Deb		Kristine A. Mrov	vick	i					
(Spo	ouse if, filing) F	irst Name		Middle Name	Last Name				
Uni	ted States Bankru	ptcy Court for the	: _!	NORTHERN DISTRICT OF ILI	LINOIS				
Cas	se number								
	nown)							☐ Check	if this is an
								_	led filing
~"		000							
	icial Form 1								
Sc	:hedule D:	Creditors	· W	ho Have Claims	Secure	ed b	oy Propert	у	12/15
	led, copy the Addition			married people are filing togethe ber the entries, and attach it to t					
	o any creditors have	claims secured by	vour	property?					
\	•	•	•	form to the court with your oth	er schedule	s. Yn	u have nothing else	e to report on this form	
				,	.c. conoduic	J. 10	a have nothing class		•
		Il of the information	n be	IOW.					
		cured Claims					Column A	Column B	Column C
				han one secured claim, list the cred lar claim, list the other creditors in			Amount of claim	Value of collateral	Unsecured
				cording to the creditor's name.			Do not deduct the value of collateral.	that supports this claim	portion
2.1	Citizens One		Des	scribe the property that secures t	the claim:		\$20,190.08	\$35,000.00	If any <b>\$0.0</b> (
-	Creditor's Name		20	12 GMC Yukon 50,900 mi	les				
			(pa	artially liened)					
	D.O. Day 700	0	As	of the date you file, the claim is:	Check all that				
	P.O. Box 700 Providence, f	-	арр						
	Number, Street, City,			Contingent					
	Number, Street, City,	State & Zip Code		Unliquidated Disputed					
Wh	o owes the debt?	Check one.		ture of lien. Check all that apply.					
	Debtor 1 only			An agreement you made (such a	s mortgage or	r secur	red		
	Debtor 2 only			car loan)					
	Debtor 1 and Debto	r 2 only		Statutory lien (such as tax lien, me	echanic's lien)	)			
	At least one of the o	lebtors and another		Judgment lien from a lawsuit					
	Check if this claim	relates to a		Other (including a right to	P.M.S.I.				
	community debt		offs	et)	1				
Date	e debt was incurred	11/30/2012	-	Last 4 digits of account numl	ber <u>7828</u>	3			
2.2	Eureka Savin	gs Bank	Des	scribe the property that secures t	the claim:		\$318,308.95	\$420,000.00	\$0.00
	Creditor's Name			Bridget Terrace Utica, IL 6 lle County	61373 La				
	250 Marquett	e Street		of the date you file, the claim is:	Check all that				
	La Salle, IL 6		арр	y. Contingent					
	Number, Street, City,			Unliquidated					
	, , , , , , , , , , , , , , , , , , , ,	,		Disputed					
Wh	o owes the debt?	Check one.		ture of lien. Check all that apply.					
	Debtor 1 only			An agreement you made (such as	s mortgage or	secure	ed		
	Debtor 2 only			car loan)					
	Debtor 1 and Debt	or 2 only		Statutory lien (such as tax lien, me	echanic's lien)	)			
	At least one of the o	lebtors and another		Judgment lien from a lawsuit					
	Check if this claim	relates to a		Other (including a right to	Mortgage	a and	l Note		
	community debt		offs	et)	wortgage	ano	4 14016		

Date debt was incurred 04/1995

0028

Last 4 digits of account number

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P.O. Box 7346 Philadelphia, PA		_			
P.O. Box 7346 Philadelphia, PA					
P.O. Box 7346 Philadelphia, PA	4 Bridget Terrace Utica, IL 6	ne claim:	\$32,747.00	\$420,000.00	\$0.00
P.O. Box 7346 Philadelphia, PA		1373 La			
	Salle County  As of the date you file, the claim is: ( apply.  Contingent	Check all that			
	<ul><li>Unliquidated</li><li>Disputed</li></ul>				
-	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as car loan)	mortgage or	secured		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, m	echanic's lier	n)		
	☐ Judgment lien from a lawsuit				
Check if this claim relates to a community debt	Other (including a right to offset)	personal	taxes		
Date debt was incurred 9/14/2015	Last 4 digits of account numb	er <u>943</u> 6	6		
2.4 Internal Revenue Service	Describe the property that secures the	ne claim:	\$62,496.18	\$420,000.00	\$0.00
	4 Bridget Terrace Utica, IL 6 Salle County	1373 La			
P.U. BOX 21126 a	As of the date you file, the claim is: 0 apply.  Contingent	Check all that	I		
	☐ Unliquidated				
_	☐ Disputed  Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as car loan)	mortgage or	secured		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, m	echanic's lier	n)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
Check if this claim relates to a community debt	Other (including a right to offset)	Busines	s with some personal (2 y	ears)	
Date debt was incurred	Last 4 digits of account numb	er <u>943</u> 6	6		
Use this page only if you have others to be no	a Debt That You Already Listed totals from all pages.	lebt that you			
to collect from you for a debt you owe to some creditor for any of the debts that you listed in do not fill out or submit this page.					
Name Address -NONE-	0	n which l	ine in Part 1 did you ente	r the creditor?	
			ts of account number	- -	

Fill in this information to identify your case:					
Debtor 1 Dennis Z. Mrowicki					
First Name	Middle Name Last Nan	ne			
Debtor 2 Kristine A. Mrowicki					
(Spouse if, filing) First Name	Middle Name Last Nan	ne			
United States Bankruptcy Court for the: NOR	THERN DISTRICT OF ILLINOIS				
Case number					
(if known)					if this is an
				ameno	led filing
Official Form 106E/F					
Schedule E/F: Creditors Who F	lave Unsecured Claim	ıs			12/15
Be as complete and accurate as possible. Use Part 1 any executory contracts or unexpired leases that cou Schedule G: Executory Contracts and Unexpired Leas D: Creditors Who Have Claims Secured by Property. I the Continuation Page to this page. If you have no information (if known).	Id result in a claim. Also list executor ses (Official Form 106G). Do not inclu if more space is needed, copy the Par ormation to report in a Part, do not file	ry contracts on to de any creditors t you need, fill it	Schedule A/B: Pros with partially sec out, number the	operty (Official Form cured claims that are entries in the boxes	106A/B) and on listed in Schedule on the left. Attach
Part 1: List All of Your PRIORITY Unsecure					
Do any creditors have priority unsecured claims	against you?				
☐ No. Go to Part 2.					
Yes.					
<ol> <li>List all of your priority unsecured claims. If a creidentify what type of claim it is. If a claim has both possible, list the claims in alphabetical order accord 1. If more than one creditor holds a particular claim, (For an explanation of each type of claim, see the in</li> </ol>	riority and nonpriority amounts, list that or ing to the creditor's name. If you have m list the other creditors in Part 3.	laim here and shore than two priobooklet.)	ow both priority and	d nonpriority amounts	. As much as
			<b>A</b> 4 000 00	amount	amount
2.1 Illinois Department of Revenue Priority Creditor's Name	Last 4 digits of account number		\$4,300.00	\$4,300.00	\$0.00
P.O. Box 1040	When was the debt incurred?	08/2013		_	
Galesburg, IL 61402		in. Chaptrall the	at annie		
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all tha	п арріу		
Debtor 1 only	☐ Contingent				
	☐ Unliquidated				
Debtor 2 only	□ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
At least one of the debtors and another	■ Domestic support obligations				
☐ Check if this claim is for a community	Taxes and certain other deb	ts you owe the go	overnment		
debt	☐ Claims for death or personal	injury while you w	vere intoxicated		
Is the claim subject to offset?	Other.				
No	Specify				-
Yes	taxes				
Part 2: List All of Your NONPRIORITY Unse	ecured Claims				
3. Do any creditors have nonpriority unsecured cla	ims against you?				
☐ No. You have nothing to report in this part. Sub	omit this form to the court with your other	schedules.			
Yes.					
List all of your nonpriority unsecured claims in ticlaim, list the creditor separately for each claim. For					

creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Best Case Bankruptcy

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Debtor Debtor	<ul><li>Dennis Z. Mrowicki</li><li>Kristine A. Mrowicki</li></ul>			Case number (if know)	
4.1	Advanta/Cardworks Nonpriority Creditor's Name	Last 4 digits of a	ccount number	0497	\$8,254.00
	P.O. Box 9217	When was the de	bt incurred?		
	Old Bethpage, NY 11804  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date yo	u file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIO	ORITY unsecured	I claim:	
	At least one of the debtors and another	☐ Student loans			
	Check if this claim is for a community debt  Is the claim subject to offset?	_	rising out of a sep	paration agreement or divorce that you did not	
				ng plans, and other similar debts	
	No		sion of pront onan	ng piano, and other ormal dobte	
	Yes	Other. Specify	Business		
4.2	Allied Waste	Last 4 digits of a	count number		\$1,000.00
	Nonpriority Creditor's Name	_			Ψ1,000.00
	2840 E. 13th Road Ottawa, IL 61350	When was the de	bt incurred?		
	Number Street City State Zlp Code	As of the date yo	u file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIC		d claim:	
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations a report as priority c		paration agreement or divorce that you did not	
	■ No			ng plans, and other similar debts	
	☐ Yes	Other. Specify	Business		
4.3	Bank of America	Last 4 digits of a	ccount number	6540	\$43,000.00
	Nonpriority Creditor's Name P.O. Box 53132 Phoenix, AZ 85072	When was the de	bt incurred?	05/2008	
	Number Street City State Zlp Code	As of the date yo	u file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIC		d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		porotion agreement or diverse that you did and	
	Is the claim subject to offset?	☐ Obligations a report as priority c		aration agreement or divorce that you did not	
	No	☐ Debts to pens	sion or profit-shari	ng plans, and other similar debts	
	☐ Yes	Other. Specify	Consumer	- deficency for boat	

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Debtor Debtor	1 Dennis Z. Mrowicki 2 Kristine A. Mrowicki				
4.4	Bank of America, N.A.	Last 4 digits of a	ccount number	0581	\$19,568.22
	Nonpriority Creditor's Name c/o Blitt and Gaines, P.C. 661 Glenn Avenue	When was the de		9/15/2015	<u> </u>
	Wheeling, IL 60090  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date yo	u file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIC	ORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans	S		
	debt Is the claim subject to offset?	<ul><li>Obligations a report as priority c</li></ul>		paration agreement or divorce that you did not	
	No	☐ Debts to pen:	sion or profit-shar	ing plans, and other similar debts	
	☐ Yes	Other. Specify	Consumer	with pending suit	
4.5	Builders Choice Nonpriority Creditor's Name	Last 4 digits of a	ccount number		\$23,000.00
	2215 Chartress Street La Salle, IL 61301	When was the de	ebt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date yo	u file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIC	ORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans	S		
	debt Is the claim subject to offset?	Obligations a report as priority c		paration agreement or divorce that you did not	
	No	☐ Debts to pen:	sion or profit-shar	ing plans, and other similar debts	
	Yes	Other. Specify	Business		
4.6	Citi Cards Nonpriority Creditor's Name	Last 4 digits of a	ccount number	7236	\$1,093.25
	P.O. Box 6000 The Lakes, NV 89163-6000	When was the de	ebt incurred?	06/2012	
	Number Street City State Zlp Code	As of the date yo	u file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	□ Disputed			
	At least one of the debtors and another	Type of NONPRIC		d claim:	
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations a report as priority c		paration agreement or divorce that you did not	
	No			ing plans, and other similar debts	
	☐ Yes	Other. Specify	Consumer		

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Debtor Debtor	<ul><li>Dennis Z. Mrowicki</li><li>Kristine A. Mrowicki</li></ul>	Case number (if know)	
4.7	Grasser's plumbing & Heating	Last 4 digits of account number	\$7,000.00
	Nonpriority Creditor's Name 404 Main Street Mc Nabb. IL 61335	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	- No		
	Yes	Other. Specify  Business	
4.8	Hometown National Bank	Last 4 digits of account number 0024	\$25,800.00
	Nonpriority Creditor's Name 260 Bucklin Street La Salle, IL 61301	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Contingent ☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify  Business- deficiency	
4.9	Hometown National Bank	Last 4 digits of account number 2232	\$483.00
	Nonpriority Creditor's Name 260 Bucklin Street La Salle, IL 61301	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify  Business	

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Debto Debto	r 1 Dennis Z. Mrowicki r 2 Kristine A. Mrowicki			Case number (if know)	
4.10	Illinois Valley Community Hospital Nonpriority Creditor's Name	Last 4 digits of ac	count number	2051	\$329.72
925 West Street Peru, IL 61354	When was the de	bt incurred?	12/5/2013		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you	u file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	■ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIO	DITY unsecured	I claim:	
	At least one of the debtors and another	☐ Student loans		. olami.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	rising out of a sep	paration agreement or divorce that you did not	
	_			ing plans, and other similar debts	
	No		non or pront onan	ng piano, and other ormal dobte	
	Yes	Other. Specify	Medical		
4.11	Illinois Valley Community Hospital	Last 4 digits of ac	count number	1992	\$258.55
	Nonpriority Creditor's Name 925 West Street	When was the de	bt incurred?	1/9/2015	
	Peru, IL 61354  Number Street City State Zlp Code	As of the date you	u file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	•	,	, , , , , , , , , , , , , , , , , , , ,	
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIC	ORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans	3		
	debt Is the claim subject to offset?	<ul> <li>Obligations a report as priority cl</li> </ul>		paration agreement or divorce that you did not	
	No	☐ Debts to pens	sion or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify	Medical		
4.12	Karen D. Lawniczak Nonpriority Creditor's Name	Last 4 digits of ac	count number	5799	Unknown
	1000 Wenzel Road Peru, IL 61354	When was the de	bt incurred?	4/22/2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you	u file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIC	ORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans	3		
	debt Is the claim subject to offset?	<ul> <li>Obligations a report as priority cl</li> </ul>		paration agreement or divorce that you did not	
	No			ng plans, and other similar debts	
	Yes	Other.	•	lent - disputed - liabilty and	
	_	Specify	,		

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Debto Debto			Case number (if know)	
4.13	Leynaud & Leynaud  Nonpriority Creditor's Name	Last 4 digits of account number	LM35	Unknown
	1200 38th Street Peru, IL 61354	When was the debt incurred?	03/2010	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepreport as priority claims	paration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-shar	ing plans, and other similar debts	
	☐ Yes	Other. Specify  Attorney F	ees	
4.14	Lurie Childrens Hospital	Last 4 digits of account number	7936	\$2,114.81
	Nonpriority Creditor's Name 225 E. Chicago Avenue Chicago, IL 60611	When was the debt incurred?	2/5/2015	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	Contingent		
	☐ Debtor 2 only	■ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	<ul> <li>Obligations arising out of a sepreport as priority claims</li> </ul>	paration agreement or divorce that you did not	
	■ No	<u>.</u>	ing plans, and other similar debts	
	Yes	Other. Specify  Medical		
4.15	Maze lumber  Nonpriority Creditor's Name	Last 4 digits of account number	LM17	\$15,817.50
	1100 Water Street La Salle, IL 61301	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	Contingent		
	☐ Debtor 2 only	■ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		paration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-shar	ing plans, and other similar debts	
	■ No		ing pians, and other similal debts	
	☐ Yes	Other. Specify Specify Suit - Busi	ness	

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Debtor Debtor	<ul><li>Dennis Z. Mrowicki</li><li>Kristine A. Mrowicki</li></ul>	Case number (if know)	
4.16	Raymond R. Nolasco	Last 4 digits of account number	\$4,780.00
	Nonpriority Creditor's Name 3815 Progress Blvd, Peru, IL 61354	When was the debt incurred? 03/2013	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans  Obligations origing out of a concretion agreement or divorce that you di	id not
	Is the claim subject to offset?	<ul> <li>Obligations arising out of a separation agreement or divorce that you di report as priority claims</li> </ul>	a not
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Attorney fees and court costs (Unknow	n)
4.17	Sherman Williams Nonpriority Creditor's Name	Last 4 digits of account number	\$430.00
	1400 Midtown Road Peru, IL 61354	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	Is the claim subject to offset?	<ul> <li>Obligations arising out of a separation agreement or divorce that you di report as priority claims</li> </ul>	d not
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify  Business	
4.18	St. Francis Medical Center	Last 4 digits of account number 0108	\$5,383.62
	Nonpriority Creditor's Name c/o State Collection Service, Inc. 2509 S. Stoughton Road	When was the debt incurred? 12/2014	
	Madison, WI 53716  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans  Obligations origing out of a concretion agreement or divorce that you di	id not
	Is the claim subject to offset?	<ul> <li>Obligations arising out of a separation agreement or divorce that you di report as priority claims</li> </ul>	u not
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1	Dennis Z. Mrowicki		
Debtor 2	Kristine A. Mrowicki	Case number (if know)	

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

John Balestri 149 Gooding Street La Salle, IL 61301 On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

LM17

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total claim	
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims				_	
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	4,300.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$	4,300.00
				Total Claim	
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	158,312.67
	6j.	Total. Add lines 6f through 6i.	6j.	\$	158,312.67

Fill in this infor	mation to identify your	case:			
Debtor 1	Dennis Z. Mrowic	ki			
	First Name	Middle Name	Last Name		
Debtor 2	Kristine A. Mrowi	cki			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					Check if th amended f

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Direct TV	TV Service (ends 2/16 with month to month thereafter) - assume
2.2	Insight Melbourne, FL	Attorney and tax services (personal service contract) - assume
2.3	JUNE, PRODEHL RENZI & LYNCH, LLC 1861 Black Road Joliet, IL 60435	Representation in Chapter 7 BK - assume
2.4	Verizon	cellular contract (ends 7/1/2016 with month to month thereafter) - assume

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Debtor 1	s information to identify yo	ur casa:			
DODIO! !	Dennis Z. Mrov				
	First Name	Middle Name	Last Name		
Debtor 2	Kristine A. Mro		Logi Nome		
(Spouse if, fil	o,	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the	e: NORTHERN DISTRICT	OF ILLINOIS		
Case num	nber				<b>-</b>
(if known)					Check if this is an amended filing
	. =				g
	al Form 106H				
<u>Schec</u>	dule H: Your Co	debtors			12/15
people are fill it out, a	e filing together, both are e	qually responsible for sup the boxes on the left. Attac	plying correct informa h the Additional Page	ition. If more space is n	te as possible. If two married eeded, copy the Additional Page of any Additional Pages, write
1. Do	you have any codebtors?	(If you are filing a joint case,	do not list either spous	e as a codebtor.	
<b>■</b> N	No				
□ Ye	es				
					states and territories include
Arizor	na, California, Idaho, Louisia	na, Nevada, New Mexico, Pu	ierto Rico, Texas, Wasl	nington, and Wisconsin.)	
<b>■</b> N	No. Go to line 3.				
□ Y	es. Did your spouse, former	spouse, or legal equivalent li	ve with you at the time'	?	
in line Form	e 2 again as a codebtor on	ly if that person is a guarar	ntor or cosigner. Make	sure you have listed th	g with you. List the person show le creditor on Schedule D (Offici Schedule E/F, or Schedule G to
	Column 1: Your codebtor Name, Number, Street, City, State an	d ZIP Code		Column 2: The cred Check all schedules	ditor to whom you owe the debt s that apply:
3.1				Schedule D, lin	Δ
0.1	Name			Schedule E/F,	
				☐ Schedule G, lin	ine
	Number Street				
		_			
	City	State	ZIP Code		
3.2		State	ZIP Code	□ Schedule D lin	e
3.2		State	ZIP Code	Schedule D, lin	e
3.2	City	State	ZIP Code	<del>-</del>	e e ine

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2/04/16 2:44PM

								•			
Fill	in this information t	o identify your ca	ase:								
Del	btor 1	Dennis Z. Mr	rowicki								
1	btor 2 buse, if filing)	Kristine A. M	Irowicki								
Uni	ited States Bankrup	tcy Court for the	: NORTHERN DISTRIC	T OF ILL	INOIS						
(If kr	se number	4001							ded filing nent show	ring postpetition following date:	•
	fficial Form							MM / DD/	YYYY		
S	chedule I: `	Your Inco	ome								12/15
sup spo atta	plying correct info use. If you are sep ch a separate shee	rmation. If you arated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly th you, c	, and your s lo not includ	pouse e infoi	is liv rmati	ving with you, in on about your s	clude info pouse. If	ormation about more space is	t your needed,
1.	Fill in your emploinformation.	oyment		Debtor	1			Debtor	2 or non	-filing spouse	
	If you have more		Employment status	■ Er	mployed			<b>■</b> Ei	mployed		
	attach a separate page with information about additional	ation about additional		□ Not employed			□ No	□ Not employed			
	employers.		Occupation	Const	ruction			Hair Stylist			
	Include part-time, self-employed wo		Employer's name	self e	mployed (in	corp	)	East 6	Salon		
	Occupation may i or homemaker, if		Employer's address	Utica,	IL 61373			Peru,	IL		
			How long employed th	nere?	6 month	5			2 years		
Par	rt 2: Give Det	ails About Mon	thly Income								
	mate monthly incouse unless you are		ate you file this form. If y	you have	nothing to re	port fo	r any	line, write \$0 in t	he space.	Include your no	n-filing
	ou or your non-filing e space, attach a se		ore than one employer, co	mbine th	e information	for all	empl	oyers for that per	son on the	e lines below. If	you need
								For Debtor 1		ebtor 2 or iling spouse	
2.			ry, and commissions (be calculate what the monthly			2.	\$	9,205.21	\$	1,500.00	
3.	Estimate and list	monthly overti	ime pay.			3.	+\$	0.00	_ +\$ _	0.00	

9,205.21

1,500.00

Calculate gross Income. Add line 2 + line 3.

Copy line 4 here 4. \$ 9,205.21 \$ 1,500.00  5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. Mandatory contributions for retirement plans  5c. No. 100,00 \$ 0.00  5c. Voluntary contributions for retirement plans  5c. No. 0.00 \$ 0.00  5c. Insurance	Deb <sup>o</sup>	tor 1 tor 2	Dennis Z. Mrowicki Kristine A. Mrowicki	_		Case	number ( <i>if kı</i>	owr	1) _				
Section   Sect						For	Debtor 1						
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. S. 0.00 5c. O.00 5c. Domestic support obligations 5d. S. 0.00 5c. Insurance 5d. S. 0.00 5c. O.00 5d. Domestic support obligations 5d. Voltary and the payroll deductions. Specify: 5d. Voltary and the payroll deductions. Add lines 5s+5b+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 5s+5b+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 5s+5b+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 5s+5b+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 5s+5b+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 5s+5b+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 7s+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 7s+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 7s+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 7s+5c+5d+5e+5f+5g+5h. 6d. Voltary and the payroll deductions. Add lines 7s+5c+5d+5e+5f+5g+5h. 7d. Voltary and necessary business expenses, and the total monthly net income. 8d. Interest and dividends 8d. Voltary and necessary business expenses, and the total monthly net income. 8d. Interest and dividends 8d. Voltary and necessary business expenses, and the total monthly net income. 8d. Interest and dividends 8d. Voltary and necessary business expenses, and the total monthly net income. 8d. Voltary and necessary business expenses, and the total monthly net income. 8d. Voltary and necessary business expenses, and the total monthly net income. 8d. Voltary and necessary business expenses, and the total monthly net income. 8d. Voltary and necessary business expenses, and the total monthly income.		Cop	by line 4 here	4.	•	\$_	9,20	5.2	1_	\$	1,	500.00	-
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5c. Voluntary contributions for retirement plans 5d. 8c. \$ 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ 0.00 5e. Insurance 5f. \$ 0.00 \$ 0.00 5g. Union dues 5g. Union dues 5g. Violen developed the payor of the p			· · · · · · · · · · · · · · · · · · ·				2,692	2.0	4				
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5f. Domestic support obligations 5g. Union dues 5g. \$ 0.000 \$ 0.000 5gh. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 2,692.04 \$ 350.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 6,513.17 \$ 1,150.00 8. List all other income regularly received: 8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8l. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance had you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8d. \$ 0.00 \$ 0.00 8d. \$ 0.00 8d. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. Calculate monthly income. Add line 7 + line 9. 11. \$4\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 12.  8 7,663.17 Combined monthly income.			·			· -		_	_	· —			-
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10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$  0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies  12. \$  7,663.17  Combined monthly income		8h.	Other monthly income. Specify:	8I	h.+	• \$_	(	0.0	<u>)</u> +	\$		0.00	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.	9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	(	0.0	D	\$		0.00	
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.	10.		•	10.	\$		6,513.17	+	\$_	1,1	50.00	= \$	7,663.17
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$\frac{7,663.17}{Combined monthly income}}  13. Do you expect an increase or decrease within the year after you file this form?	11.	Incli othe Do	ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no	ur dep									0.00
13. Do you expect an increase or decrease within the year after you file this form?	12.	Writ	te that amount on the Summary of Schedules and Statistical Summary of Cert									\$	7,663.17
	13.	Do	you expect an increase or decrease within the year after you file this form	n?							,		
some variation as to both with wages estimated from 2015 totals													
			some variation as to both with wages estimated	i froi	m :	2015	totals						

Fill	in this informa	ation to identify y	our case:								
Deb	otor 1	Dennis Z. M	rowicki			Ch	neck if	this is:			
Deh	otor 2	Kristine A. N	/rowiek	ı			۸	amended filing	vina na	ostpetition chapte	or.
	ouse, if filing)	Kristine A. II	irowicki					expenses as of			;1
Unit	ed States Bank	ruptcy Court for the	: NORT	HERN DISTRICT OF ILLIN	OIS		MM	/ DD / YYYY			
	e number nown)										
O	fficial Fo	orm 106J									
So	chedule	J: Your	Expe	nses						12	2/15
info	ormation. If n		eeded, at	e. If two married people a tach another sheet to this on.							
Par 1.	t 1: Desc	ribe Your House	ehold								
•••	-	to line 2.									
	Yes. D	oes Debtor 2 liv	/e in a se	parate household?							
	•	No									
		Yes. Debtor 2 m	ust file Of	ficial Form 106J-2, <i>Expense</i>	es for Separate House	<i>hold</i> of	Debto	r 2.			
2.	Do you hav	e dependents?	□ No								
	Do not list D and Debtor		■ Yes.	Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to		Dependent's age		es dependent e with you?	
	Do not state	the								No	
	dependents				Son					Yes	
										No	
										Yes	
										No	
										Yes No	
										.,	
3.	expenses of	penses include of people other t d your depende		■ No ] Yes						100	
		nate Your Ongo									
exp		a date after the		ruptcy filing date unless y cy is filed. If this is a supp							
the		h assistance an		n government assistance included it on Schedule I:				Your expe	enses		
(0)	iloiai i oilii i	001.)									
4.		or home owners nd any rent for th		nses for your residence. I or lot.	nclude first mortgage	4.	\$			3,000.00	
	If not include	ded in line 4:									
	4a. Real	estate taxes				4a.	\$			733.00	
	4b. Prope	erty, homeowner'	s, or rente	er's insurance		4b.	\$			190.65	
				upkeep expenses		4c.	: —			100.00	
5				ndominium dues	me equity loops	4d.	\$ \$			0.00	
5.	Auditional	mongaye paym	CIII2 IOI )	<b>our residence,</b> such as ho	me equity idans	ວ.	Ψ			0.00	

		Z. Mrowicki A. Mrowicki	Case num	nber (if known)	
6.	Utilities:				
•		r, heat, natural gas	6a.	\$	490.00
	6b. Water, se	wer, garbage collection	6b.	\$	39.00
	•	e, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
	6d. Other. Sp	·	6d.	·	0.00
7.		sekeeping supplies	7.	·	790.00
8.		children's education costs	8.		415.00
9.		dry, and dry cleaning	9.	·	95.00
	•	products and services	10.	· · ·	250.00
	Medical and de	•	11.	\$	390.00
12.	Do not include of	Include gas, maintenance, bus or train fare.	12.	\$	40.00
13.		clubs, recreation, newspapers, magazines, and books	13.	\$	125.00
		tributions and religious donations	14.	· · · — — — — — — — — — — — — — — — — —	0.00
	Insurance.	• • • • • • • • • • • • • • • • • • • •		·	<u> </u>
	Do not include in	nsurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insura	ance	15a.	\$	0.00
	15b. Health ins	surance	15b.	\$	0.00
	15c. Vehicle in	surance	15c.	\$	110.05
	15d. Other insu		15d.	\$	0.00
16.		nclude taxes deducted from your pay or included in lines 4 or 20.		•	
		ax lien payments (est.)	16.	\$	350.00
17.		lease payments:	47-	•	0.00
	, ,	ents for Vehicle 1	17a.	· ·	0.00
		ents for Vehicle 2	17b.	· · ·	0.00
	17c. Other. Sp 17d. Other. Sp		17c. 17d.	· · · — — — — — — — — — — — — — — — — —	0.00
10	•	ecity.  s of alimony, maintenance, and support that you did not report as		Φ	0.00
10.		your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payment	s you make to support others who do not live with you.		\$	0.00
	Specify:	,	19.	· -	<u> </u>
20.		perty expenses not included in lines 4 or 5 of this form or on Scho			
		s on other property	20a.		0.00
	20b. Real esta	te taxes	20b.	\$	0.00
	20c. Property,	homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenar	nce, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowr	ner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	Prescriptions	21.	+\$	100.00
	Pet food and	vet care		+\$	200.00
	C.C. payment			+\$	50.00
	household ex	penses		+\$	125.00
22	Calculate your	monthly expenses			
22.	22a. Add lines 4	•		\$	7,592.70
		22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	7,332.70
		a and 22b. The result is your monthly expenses.		\$	7 502 70
	ZZC. Add lifte ZZ	a and 22b. The result is your monthly expenses.		Φ	7,592.70
23.	Calculate your	monthly net income.			
	23a. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	7,663.17
	23b. Copy you	r monthly expenses from line 22c above.	23b.	-\$	7,592.70
		your monthly expenses from your monthly income.	23c.	\$	70.47
	i ne result	t is your monthly net income.	۷٥٥.		1 4141
24.	For example, do yo	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your n terms of your mortgage?	ou file this nortgage pa	s form? ayment to increase or	r decrease because of a
	■ No.				
	☐ Yes.	Explain here:			
	<b>□</b> 103.	1			

Fill in this infor	rmation to identify your	case:			
Debtor 1	Dennis Z. Mrowic	ki			
	First Name	Middle Name	Last Name		
Debtor 2	Kristine A. Mrowi	cki			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)				Check if this is an amended filing	
Official For		n Individual	Debtor's Schedu	ules 12/	15
If two married p	eople are filing togethe	r, both are equally respo	onsible for supplying correct info	rmation.	
obtaining mone		n connection with a ban		a false statement, concealing property, or a false statement, concealing property, or in a factor and to 2	
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out bankrupt	cy forms?	

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and

No

Yes. Name of person

that they are true and correct.

X /s/ Dennis Z. Mrowicki

Dennis Z. Mrowicki

Date February 4, 2016

Signature of Debtor 1

X /s/ Kristine A. Mrowicki

Kristine A. Mrowicki

Date February 4, 2016

Signature of Debtor 2

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Fill	in this infor	mation to identify you	ur case:			
Deb	tor 1	Dennis Z. Mrow				
Deb	tor 2	First Name  Kristine A. Mrov	Middle Name <b>wicki</b>	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ba	nkruptcy Court for the	: NORTHERN DISTRICT	OF ILLINOIS		
	e number _					
(if kno	own)				<u> </u>	Check if this is an mended filing
Off	icial Fo	rm 107				
			Affairs for Individ	duals Filing for B	ankruptcy	12/15
infor	mation. If n ber (if know	nore space is needed n). Answer every que	l, attach a separate sheet to	this form. On the top of ar	e equally responsible for sup ny additional pages, write yo	. , .
				u Liveu Belole		
1.	what is you	r current marital stat	usr			
	<ul><li>Married</li><li>Not ma</li></ul>					
2.	During the I	ast 3 years, have you	ı lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	st all of the places you	lived in the last 3 years. Do r	not include where you live no	w.	
	Debtor 1 Pi	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there
					nity property state or territor Rico, Texas, Washington and \	
	■ No	oko suro vou fill out Sc	chedule H: Your Codebtors (C	Official Form 106H)		
Pari		in the Sources of Yo	,	miciai i omi 100mj.		
	Fill in the total If you are fili	al amount of income y	mployment or from operation on received from all jobs and unhave income that you receive	all businesses, including par		endar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	last calenda nuary 1 to De	r year: ecember 31, 2015)	☐ Wages, commissions, bonuses, tips	\$172,492.00	■ Wages, commissions, bonuses, tips	\$18,634.50
			Operating a business		☐ Operating a business	

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Debtor 1 Debtor 2		nnis Z. Mi istine A. M						Case num	ber (if known)		
				Sources of Check all th			income e deductions and ions)	Soi	otor 2 urces of inco eck all that ap		Gross income (before deductions and exclusions)
(January 1 to December 31, 2014)		☐ Wages commission tips	s, ns, bonuses,		\$130,985.0	_	Wages, nmissions, bo	onuses,	\$17,538.00		
				Opera business	ting a				Operating a	business	
		dar year: December	31, 2013 )	☐ Wages commission tips	s, ns, bonuses,		\$147,100.0	_	Wages, nmissions, bo	onuses,	\$21,632.00
				Operation Operation	ting a				Operating a	business	
□	No Yes.	Fill in the de	etails.	Debtor 1				Del	otor 2		
	Yes.	Fill in the de	etails.	Debtor 1				Del	otor 2		
				Sources of Describe be			income e deductions and ions)		urces of inco scribe below.	ome	Gross income (before deductions and exclusions)
Part 3:	List	Certain Pa	yments You	Made Before	e You Filed for	Bankrup	cy				
i. Are ■	<b>either</b> No.	Neither De	ebtor 1 nor [	Debtor 2 has	narily consume primarily consumily, or househo	umer deb		<i>lebt</i> s are	defined in 11	U.S.C. § 10	1(8) as "incurred by ar
		During the No.	90 days before Go to line 7		or bankruptcy, d	lid you pay	any creditor a	total of \$6	6,225* or moi	re?	
		☐ Yes  * Subject	paid that cr not include	editor. Do not payments to		nts for dor this bankru	nestic support c uptcy case.	bligation	s, such as ch	ild support a	the total amount you and alimony. Also, do
	Yes.				primarily consu or bankruptcy, d			total of \$6	600 or more?		
		□ No. □ Yes	include pay	each creditor	mestic support c						it creditor. Do not include payments to
Cre	editor'	s Name and	d Address	1	Dates of payme	ent	Total amount		ount you	Was this p	payment for

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Debtor 1 Debtor 2	Dennis Z. Mrowicki Kristine A. Mrowicki		Cas	se number (if known	n)	
Insid corpo inclu	in 1 year before you filed for bankrupteders include your relatives; any general parations of which you are an officer, direct ding one for a business you operate as a ort and alimony.	artners; relatives of any ge tor, person in control, or o	neral partners; partners wner of 20% or more	erships of which ye of their voting se	you are a genera ecurities; and an	al partner; y managing agent,
	No					
_	Yes. List all payments to an insider					
Insi	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
insid	in 1 year before you filed for bankrupt ler? de payments on debts guaranteed or cos		yments or transfer a	any property on	account of a de	ebt that benefited ar
	No					
	Yes. List all payments to an insider					
Insi	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Part 4:	Identify Legal Actions, Repossession	ne and Foroclosuros	•			
Cas Cas	Yes. Fill in the details.  The title the number of America vs. Kristing	Nature of the case	Court or agency		Status of th	e case
Mrc	nk of America vs. Kristine owicki LM 333	Collection	LaSalle County 707 E. Etna Ro Ottawa, IL 613	ad	■ Pendir □ On app □ Conclud	eal
Bui	nnis Mrowicki d/b/a Mrowicki Iders vs. Denler LM 35	Collections	LaSalle County 707 E. Etna Ro Ottawa, IL 613	ad	Pendir On app Conclud	eal
Mrc	ren Lawniczak vs. Kristine A. owicki a (as no suit filed)	car accident (injuries and damage)	With Insurance	e Company	Pendir On app Conclud	eal
					Car accide	ent
Mrc	ze Lumber Company vs. Dennis owicki LM 17	Collection	LaSalle Thirtee Circuit 119 W. Madiso Ottawa, IL 613	n Street	Pendir On app Conclud	eal
Chec	in 1 year before you filed for bankrupt ck all that apply and fill in the details below		erty repossessed, f	oreclosed, garn	ished, attached	I, seized, or levied?
_	No					
_	Yes. Fill in the information below.  ditor Name and Address	Describe the Brane-te		Dete		Value of the
Cred	uitor maille aliu Audress	Describe the Property		Date	*	value of the property
		<b>Explain what happene</b>	d			

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_	btor 1 Dennis Z. Mrowicki btor 2 Kristine A. Mrowicki	Case num	nber (if known)	
11.	accounts or refuse to make a payment be  No	uptcy, did any creditor, including a bank or financi cause you owed a debt?	al institution, set off any	amounts from your
	Yes. Fill in the details.	Describe the action the avaditor tools	Data action was	Amount
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
	Hometown National Bank 260 Bucklin Street La Salle, IL 61301	accepted monthly payment \$2600.00 Last 4 digits of account number:	through 11/2015	\$31,200.00
	Laura Hopp	accepted monthly payments \$136.00 Last 4 digits of account number:	ongoing	\$1,632.00
	Estate Collection	withdraw from Checking (\$150.00) Last 4 digits of account number:	ongoing	\$1,800.00
	IVCH (Co-Debtor)	monthly payments (\$100.00)  Last 4 digits of account number:	ongoing	\$1,200.00
	IVCH (dep.)	monthly payments \$50.00 Last 4 digits of account number:	ongoing	\$600.00
	■ No	ptcy, did you give any gifts with a total value of m	ore than \$600 per person	?
	Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value
	per person	Describe the girts	the gifts	value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co	ptcy, did you give any gifts or contributions with a	total value of more than	\$600 to any charity
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Pa	rt 6: List Certain Losses			
15.	Within 1 year before you filed for bankrup disaster, or gambling?	tcy or since you filed for bankruptcy, did you lose	anything because of the	ft, fire, other
	■ No			
	Yes. Fill in the details.			
	how the loss occurred	Describe any insurance coverage for the loss	Date of your	Value of property
	1	nclude the amount that insurance has paid. List bending insurance claims on line 33 of Schedule A/B: Property.	loss	lost

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Debtor Debtor		Ca	ase number (if known)	
Part 7:	List Certain Payments or Transfers			
COI	thin 1 year before you filed for bankruptcy, d nsulted about seeking bankruptcy or prepari lude any attorneys, bankruptcy petition prepare	ng a bankruptcy petition?		
	No			
Ac Er	Yes. Fill in the details. erson Who Was Paid ddress nail or website address erson Who Made the Payment, if Not You	Description and value of any prope transferred	rty Date payment or transfer was made	Amount of payment
JU 18 Jo	JNE, PRODEHL RENZI & LYNCH, LLC 861 Black Road bliet, IL 60435 rlaw.net	Representation in Chapter 7 BK \$1230.00 + \$340.00 costs = \$15		\$1,230.00
Ad	ccess Credit Counseling	credit counseling	12/17/2015	\$15.00
	No Yes. Fill in the details.  erson Who Was Paid ddress	Description and value of any prope transferred	or transfer was	
				Amount of payment
ln	sight	bookkeeping fee \$1000.00 (bus	iness) monthly	\$250.00
In	sight	amount varied for IRS (busines relief and lien negotiation	s) debt as required	\$10,700.00
<b>tra</b> i Inc	thin 2 years before you filed for bankruptcy, nsferred in the ordinary course of your busilude both outright transfers and transfers made lude gifts and transfers that you have already list	ness or financial affairs? as security (such as the granting of a se		
	No Yes. Fill in the details.			
	erson Who Received Transfer Idress	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Pe	erson's relationship to you		para in exercinge	
	thin 10 years before you filed for bankruptcy neficiary? (These are often called asset-protect No		lf-settled trust or similar devic	e of which you are a
	Yes. Fill in the details.			
Na	ame of trust	Description and value of the proper	ty transferred	Date Transfer was made

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2/04/16 2:44PM

Debtor 1 Dennis Z. Mrowicki Debtor 2 Kristine A. Mrowicki Case number (if known) Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Last balance Date account was closed, sold, Address (Number, Street, City, State and ZIP account number instrument before closing or moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still to it? have it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. ■ No Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Third Party with Debtor 2006 F450 Truck (est) \$15,000.00

### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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	btor 2 Kristine A. Mrowicki		Case number (if known)	
24.	Has any governmental unit notified you that  No	you may be liable or potentially liable	under or in violation of an environm	ental law?
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of a	any release of hazardous material?		
	No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adm	inistrative proceeding under any envi	ronmental law? Include settlements	and orders.
	No			
	Yes. Fill in the details.	Count on amount	Notice of the case	Ctatus of the
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
	rt 11: Give Details About Your Business or C			
27.	Within 4 years before you filed for bankrupto	cy, did you own a business or have an	y of the following connections to any	y business?
	A sole proprietor or self-employed	in a trade, profession, or other activity	y, either full-time or part-time	
	A member of a limited liability com	pany (LLC) or limited liability partners	ship (LLP)	
	☐ A partner in a partnership		, ,	
	☐ An officer, director, or managing ex	ecutive of a corporation		
	☐ An owner of at least 5% of the votin	ng or equity securities of a corporation	1	
	■ No. None of the above applies. Go to P	art 12.		
	Yes. Check all that apply above and fill	in the details below for each business	i <u>.</u>	
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security	
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed	
	D.K. Mrowicki Building & Construction	<b>Builders and Construction</b>	EIN: 47-4929876	
		Insight	From-To 8/2015	
28.	Within 2 years before you filed for bankrupto institutions, creditors, or other parties.	cy, did you give a financial statement t	o anyone about your business? Incl	ude all financial
	Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		

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Debtor 1	Dennis Z. Mrow	icki	
Debtor 2	Kristine A. Mrov	vicki	Case number (if known)
Part 12:	Sign Below		
are true a	and correct. I unders	tand that making a false stateme esult in fines up to \$250,000, or in	s and any attachments, and I declare under penalty of perjury that the answent, concealing property, or obtaining money or property by fraud in connemprisonment for up to 20 years, or both.
/s/ Deni	nis Z. Mrowicki	/s/ H	Kristine A. Mrowicki
Dennis	Z. Mrowicki	Kris	stine A. Mrowicki
Signatur	re of Debtor 1	Sign	nature of Debtor 2
Date F	ebruary 4, 2016	Date	February 4, 2016
Did you a	attach additional pag	es to Your Statement of Financia	al Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you p	pay or agree to pay s	omeone who is not an attorney to	to help you fill out bankruptcy forms?
■ No			
□ Yes.	Name of Person	Attach the Bankruptcy Petition	Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this infor	mation to identify your	case:			
Debtor 1	Dennis Z. Mrowid	ki			
	First Name	Middle Name	Last Name		
Debtor 2	Kristine A. Mrowi	cki			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					Check if this is ar amended filing

### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Citizens One name:	<ul><li>Surrender the property.</li><li>Retain the property and redeem it.</li></ul>	□ No
Description of property securing debt:  2012 GMC Yukon 50,900 miles (partially liened)	<ul><li>Retain the property and enter into a Reaffirmation Agreement.</li><li>Retain the property and [explain]:</li></ul>	■ Yes
Creditor's Eureka Savings Bank name:	<ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>	□ No
Description of 4 Bridget Terrace Utica, IL	<ul> <li>Retain the property and enter into a Reaffirmation Agreement.</li> </ul>	Yes
property 61373 La Salle County securing debt:	Retain the property and [explain]: continue to pay mortgage and discharge note	
Creditor's Internal Revenue Service	☐ Surrender the property.	□ No
name:	<ul><li>Retain the property and redeem it.</li><li>Retain the property and enter into a</li></ul>	■ Yes

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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		z. Mrowicki A. Mrowicki	Case number (if kno	wn)
ı		Bridget Terrace Utica, IL 373 La Salle County	Reaffirmation Agreement.  Retain the property and [explain]:	
	Creditor's Interr	al Revenue Service	<ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>	□ No
ı		Bridget Terrace Utica, IL 373 La Salle County	<ul><li>□ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes
or n t	any unexpired pene	low. Do not list real estate leases	ted in Schedule G: Executory Contracts and Unexp . Unexpired leases are leases that are still in effect; e if the trustee does not assume it. 11 U.S.C. § 365(	the lease period has not yet ended.
De	scribe your unexp	pired personal property leases		Will the lease be assumed?
Les	ssor's name:	Direct TV		□ No
				Yes
	scription of leased operty:	TV Service (ends 2/16 with	month to month thereafter) - assume	
Les	ssor's name:	Verizon		□ No
				Yes
	scription of leased operty:	cellular contract (ends 7/1/2	2016 with month to month thereafter) - assume	e
Pa	rt 3: Sign Below	1		
		ury, I declare that I have indicated ct to an unexpired lease.	d my intention about any property of my estate that	secures a debt and any personal
		/rowicki	X /s/ Kristine A. Mrowicki	
	/s/ Dennis Z. N			
oro	/s/ Dennis Z. Mro Dennis Z. Mro Signature of Deb	wicki	Kristine A. Mrowicki Signature of Debtor 2	

Fill in this information to identify your case:			irected in this form and	in Form
Debtor 1 Dennis Z. Mrowicki		2A-1Supp:		
Debtor 2 (Spouse, if filing) Kristine A. Mrowicki		1. There is no pre	esumption of abuse	
United States Bankruptcy Court for the: Northern District of III	inois	abuse applies w	to determine if a presurill be made under <i>Chap</i>	oter 7 Means
Case number (if known)			o (Official Form 122A-2) at does not apply now be	
		qualified military	service but it could app	oly later.
Official Form 122A - 1		☐ Check if this is a	an amended filing	
Chapter 7 Statement of Your Curre	ent Monthly Inc	ome		12/1
Be as complete and accurate as possible. If two married people are fi separate sheet to this form. Include the line number to which the add number (if known). If you believe that you are exempted from a presu military service, complete and file Statement of Exemption from Pres Part 1:  Calculate Your Current Monthly Income	itional information applies. Or mption of abuse because you	the top of any additiona do not have primarily co	al pages, write your name onsumer debts or becaus	and case
1. What is your marital and filing status? Check one only.				
■ Not married. Fill out Column A, lines 2-11.				
☐ Married and your spouse is filing with you. Fill out	both Columns A and B. line	es 2-11.		
☐ Married and your spouse is NOT filing with you. Y				
		Solumna A and B. lines	2 11	
■ Living separately or are legally separated. Fill of under penalty of perjury that you and your spouse a are living apart for reasons that do not include evad	re legally separated under r	nonbankruptcy law tha	t applies or that you and	
Fill in the average monthly income that you received from all sour 101(10A). For example, if you are filing on September 15, the 6-month 6 months, add the income for all 6 months and divide the total by 6. Fil the same rental property, put the income from that property in one colu	period would be March 1 through I in the result. Do not include an	gh August 31. If the amour y income amount more th	nt of your monthly income van once. For example, if bo	aried during the
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
<ol><li>Your gross wages, salary, tips, bonuses, overtime, an all payroll deductions).</li></ol>	d commissions (before	\$	\$	
Alimony and maintenance payments. Do not include pa Column B is filled in.		\$	\$	
4. All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, y and roommates. Include regular contributions from a spou filled in. Do not include payments you listed on line 3.	clude regular contributions our dependents, parents,	\$	\$	
5. Net income from operating a business, profession, or	farm	·	•	
g, procession, en	Debtor 1			
Gross receipts (before all deductions)	\$			
, ,	\$			
Net monthly income from a business, profession, or farm	Copy here ->	\$	\$	
6. Net income from rental and other real property	· <del></del>			
and only really	Debtor 1			
Gross receipts (before all deductions)	\$			
, , ,	\$			
Net monthly income from rental or other real property	S Copy here ->	\$	\$	
7. Interest, dividends, and royalties		\$	\$	
7. Interest, dividends, and royalites		·		

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2/04/16 2:44PM

Dennis Z. Mrowicki Debtor 1 Kristine A. Mrowicki Case number (if known) Debtor 2 Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for +|\$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) **x** 12 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Dennis Z. Mrowicki X /s/ Kristine A. Mrowicki Dennis Z. Mrowicki Kristine A. Mrowicki Signature of Debtor 1 Signature of Debtor 2 Date February 4, 2016 Date February 4, 2016 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:				
Debtor 1	Dennis Z. Mrowicki			
Debtor 2 (Spouse, if filing	Debtor 2 Kristine A. Mrowicki (Spouse, if filing)			
United States Bankruptcy Court for the: Northern District of Illinois				
Case number (if known)				

☐ Check if this is an amended filing

### Official Form 122A - 1Supp

## Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 If you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1:	Identify the Kind of Debts You Have
---------	-------------------------------------

- 1. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 1).
  - No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse,* and sign Part 3. Then submit this supplement with the signed Form 122A-1.
  - ☐ Yes. Go to Part 2.

### Part 2: Determine Whether Military Service Provisions Apply to You

2.	Are you a disabled veteran	(as defined in 38 U.S.C. § 3741	(1))?
2.	Are you a disabled veteran	ı (as defined in 38 U.S.C. § 3741	(1

☐ No. Go to line 3.

☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?

10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

☐ No. Go to line 3.

☐ Yes. Go to Form 122A-1: on the top of page 1 of that form, check box 1, *There is no presumption of abuse,* and sign Part 3. Then submit this supplement with the signed Form 122A-1.

#### 3. Are you or have you been a Reservist or member of the National Guard?

	No.	Complete Form	122A-1. Do no	ot submit this	supplement
--	-----	---------------	---------------	----------------	------------

- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
  - ☐ No. Complete Form 122A-1. Do not submit this supplement.
  - ☐ Yes. Check any one of the following categories that applies:
    - ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
    - ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
    - I am performing a homeland defense activity for at least 90 days.
    - ☐ I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this info	rmation to identify your case:			as directed in this form and	in Form
Debtor 1	Dennis Z. Mrowicki	11	22A-1Supp:		
Debtor 2 (Spouse, if filing)	Kristine A. Mrowicki		1. There is no	presumption of abuse	
	Bankruptcy Court for the: Northern District of	f Illinois	abuse applie	tion to determine if a presules will be made under <i>Chapation</i> (Official Form 122A-2)	oter 7 Means
Case number (if known)			☐ 3. The Means	Test does not apply now be itary service but it could app	ecause of
			· · · · · · · · · · · · · · · · · · ·	is an amended filing	2.9
Official F	Form 122A - 1		_ Oncor ii tilic	is all allichaed lilling	
	7 Statement of Your Cur	rent Monthly In	come		12/1
separate sheet t number (if know military service,	and accurate as possible. If two married people are of this form. Include the line number to which the ann). If you believe that you are exempted from a precomplete and file Statement of Exemption from Palculate Your Current Monthly Income	additional information applies. C esumption of abuse because yo	on the top of any addi u do not have primari	tional pages, write your name ly consumer debts or becaus	and case
1. What is	your marital and filing status? Check one or	nly.			
· <del></del>	married. Fill out Column A, lines 2-11.				
☐ Marr	ied and your spouse is filing with you. Fill o	out both Columns A and B, lir	nes 2-11.		
☐ Marr	ied and your spouse is NOT filing with you	. You and your spouse are:			
Li	ving in the same household and are not leg	gally separated. Fill out both	Columns A and B,	lines 2-11.	
un	ving separately or are legally separated. Fild der penalty of perjury that you and your spouse living apart for reasons that do not include expensions.	e are legally separated under	nonbankruptcy law	that applies or that you and	
101(10A). For 6 months, add	erage monthly income that you received from all s r example, if you are filing on September 15, the 6-mod d the income for all 6 months and divide the total by 6 tal property, put the income from that property in one	onth period would be March 1 through . Fill in the result. Do not include a	ugh August 31. If the a my income amount mo	mount of your monthly income was than once. For example, if bo	aried during the
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	ess wages, salary, tips, bonuses, overtime, I deductions).	and commissions (before	\$	\$	
Column E	<b>and maintenance payments.</b> Do not include 3 is filled in.		\$	\$	
of you of from an u and room	Ints from any source which are regularly par or your dependents, including child support unmarried partner, members of your household nmates. Include regular contributions from a sp Do not include payments you listed on line 3.	<ul> <li>Include regular contributions d, your dependents, parents,</li> </ul>	3	\$	
	me from operating a business, profession,	or farm			
		Debtor 1			
	ceipts (before all deductions)	\$ -\$			
•	and necessary operating expenses	· — .	>\$	\$	
	thly income from a business, profession, or far me from rental and other real property	m \$ copy ficie =	- Ψ		
O. NEL INCO	ine ironi rentai and other real property	Debtor 1			
Gross re	ceipts (before all deductions)	\$			
	and necessary operating expenses	-\$			
Net mont	thly income from rental or other real property	\$ Copy here -	>\$	\$	
7. Interest,	dividends, and royalties		\$	\$	

Debtor Debtor	1 2			s Z. Mrowicki ne A. Mrowicki			Case number (	if known)			
							Column A Debtor 1		Column B Debtor 2 or non-filing s		
8.	Une	mpl	oyn	nent compensation			\$		\$		
	unde	r the	e So	the amount if you contend that the amount received was ocial Security Act. Instead, list it here:							
	Fo	or yo	ur s	spouse \$							
	Pens	sion	or	retirement income. Do not include any amount received r the Social Security Act.	that wa	as a	\$		\$		
	Do n recei	ot ir ved estic	nclu as c ter	m all other sources not listed above. Specify the source de any benefits received under the Social Security Act or a victim of a war crime, a crime against humanity, or interpretation. If necessary, list other sources on a separate page.	payme mationa	nts al or					
		٠.					\$		\$		
		-					\$		\$		
			Tot	al amounts from separate pages, if any.		+	\$		\$		
				our total current monthly income. Add lines 2 through 1 n. Then add the total for Column A to the total for Column		\$		+ \$ _		= \$	
Part	2:	D	ete	rmine Whether the Means Test Applies to You						Total current	t monthly
12.	Calc	ulat	e y	our current monthly income for the year. Follow these	steps:						
	12a.	Cop	ру у	our total current monthly income from line 11			Сору	line 11 h	nere=>	\$	
				by 12 (the number of months in a year)						<b>x</b> 12	
	12b.	The	res	sult is your annual income for this part of the form					12b	· \$	
13.	Calc	ulat	e th	ne median family income that applies to you. Follow the	ese ste	ps:					
	Fill ir	the	e sta	ate in which you live.							
				mber of people in your household.							
	To fi	nd a	list	edian family income for your state and size of household. of applicable median income amounts, go online using the This list may also be available at the bankruptcy clerk's.	ne link s		in the separa		13. ctions	\$	
14.	How	do	the	lines compare?							
	14a.			Line 12b is less than or equal to line 13. On the top of pa Go to Part 3.	ige 1, c	heck box	(1, There is n	o presun	nption of abus	se.	
	14b.		]	Line 12b is more than line 13. On the top of page 1, chec Go to Part 3 and fill out Form 122A-2.	ck box 2	2, The pr	esumption of	abuse is	determined b	y Form 122A-	-2.
Part	3:	S	ign	Below							
		Ву	sign	ing here, I declare under penalty of perjury that the inform	nation o	n this st	atement and i	n any att	achments is t	rue and corre	ct.
	2	<b>X</b> /:	s/ C	Dennis Z. Mrowicki	X	s/ Kris	tine A. Mrov	vicki			
				nis Z. Mrowicki			A. Mrowicl	ki			
	Dat	e <b>F</b>	eb	ature of Debtor 1  ruary 4, 2016  DD / YYYY	Date	Februa	e of Debtor 2 ry 4, 2016 / YYYY				
				hecked line 14a, do NOT fill out or file Form 122A-2.		VIIVI / DD	7 1 1 1 1				
		•		hecked line 14b, fill out Form 122A-2 and file it with this f	orm.						
		, .									

2/04/16 2:44PM

Fill in this info	Fill in this information to identify your case:					
Debtor 1	Dennis Z. Mrowicki					
Debtor 2 (Spouse, if filing	Debtor 2 Kristine A. Mrowicki (Spouse, if filing)					
United States Bankruptcy Court for the: Northern District of Illinois						
Case number						

☐ Check if this is an amended filing

### Official Form 122A - 1Supp

## Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 If you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part	1:	Identify the Kind of Debts You Have
		your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a conal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition
	for I	ndividuals Filing for Bankruptcy (Official Form 1).

No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is no presumption of abuse, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

Go to Part 2. ☐ Yes.

Part 2:	Determine Whether Milita	ary Service Provisions Apply to You
---------	--------------------------	-------------------------------------

2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?

	No. Go to	line 3.
	Yes.	Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?
	10 U.	S.C. § 101(d)(1); 32 U.S.C. § 901(1).
	☐ No.	Go to line 3.

Yes. Go to Form 122A-1: on the top of page 1 of that form, check box 1, There is no presumption of abuse, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

#### 3. Are you or have you been a Reservist or member of the National Guard?

No.	Complete Form 122A-1. Do not submit this supplement.				
Yes.	es. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)				
	No. Complete Form 122A-1. Do not submit this supplement.				
	Yes. Check any one of the following categories that applies:				

☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.

☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on which is fewer than 540 days before I file this bankruptcy case.

☐ I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days, , which is fewer than 540 days before I ending on file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, The Means Test does not apply now, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Official Form 122A-1Supp

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-03378 Doc 1 Filed 02/04/16 Entered 02/04/16 14:46:23 Desc Main

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Northern District of Illinois

In r	re	Dennis Z. Mrd Kristine A. M				Case N	√o.	
					Debtor(s)	Chapte	er <b>7</b>	
		DIS	SCLOSURE (	OF COMPENS	ATION OF ATTORN	NEY FOR	DEBTOR(S)	
1.	cor	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
		For legal service	ces, I have agreed to	o accept		\$	1,350.00	_
		Prior to the fili	ng of this statemen	t I have received		\$	1,350.00	_
		Balance Due				\$	0.00	_
2.	\$_	<b>340.00</b> of the	e filing fee has been	n paid.				
3.	The	e source of the co	mpensation paid to	me was:				
		•	Debtor		Other (specify):			
4.	The	e source of comp	ensation to be paid	to me is:				
		•	Debtor		Other (specify):			
5.	-	I have not a firm.	greed to share the a	bove-disclosed comp	pensation with any other person	n unless they a	re members and ass	sociates of my law
					ation with a person or persons les of the people sharing in the			es of my law firm.
6.	In	return for the abo	ove-disclosed fee, I	have agreed to rende	er legal service for all aspects of	of the bankrupt	cy case, including:	
	b. c.	Preparation and Representation of [Other provision Pursuant and revie fee is pro- all servic	filing of any petition of the debtor at the sist as needed] to local rules, row schedules and jected (based upes performed po	on, schedules, statementing of creditors and epresentation cord appearance at 1 pon contemplated ost-filing will be bi	g advice to the debtor in determent of affairs and plan which mand confirmation hearing, and esists of statutorily requirest meeting and other could services at the time of filled as the actual time so	nay be required any adjourned ed review, ex rt appearancing and com expended in	hearings thereof; temption plannings. Unless fee inputed at a rate of the representation.	ng and drafting is prepaid, listed of \$250/hour) and
7.	Ву	agreement with t	the debtor(s), the ab	oove-disclosed fee do	of Insight IRS mater and to be not include the following so argeability actions are exc	ervice:	i documents.	
				(	CERTIFICATION			
draf	ban ting	kruptcy proceeding and review of place	ng. Representation eadings & schedule	consists of statutories and attendance at 1	reement or arrangement for party required review of income, stated to the second of th	including CMI n prepaid fee a	preparation, exemple greement, all post-	ption planning, filing services are
_		ruary 4, 2016			/s/ John C. Renzi -	404007		
4	Date	2			John C. Renzi - #03 Signature of Attorney	3124627		
					JUNE, PRODEHL, F 1861 Black Road Joliet, IL 60435			4627
					(815) 725-8000 Fax Name of law firm	c: (815)725-6	126	
					The of the full			

### **United States Bankruptcy Court** Northern District of Illinois

In re	Dennis Z. Mrowicki Kristine A. Mrowicki		Case No.	
	MISUNE A. MIOWICKI	Debtor(s)	Chapter	7
	VE	ERIFICATION OF CREDITOR I	MATRIX	
		Number o	of Creditors:	2
	The above-named Debtor(s) (our) knowledge.	) hereby verifies that the list of cred	itors is true and	correct to the best of my
Date:	February 4, 2016	/s/ Dennis Z. Mrowicki Dennis Z. Mrowicki Signature of Debtor		
		Signature of Dector		

Advanta/Cardworks P.O. Box 9217 Old Bethpage, NY 11804

Allied Waste 2840 E. 13th Road Ottawa, IL 61350

Bank of America P.O. Box 53132 Phoenix, AZ 85072

Bank of America, N.A. c/o Blitt and Gaines, P.C. 661 Glenn Avenue Wheeling, IL 60090

Builders Choice 2215 Chartress Street La Salle, IL 61301

Citi Cards P.O. Box 6000 The Lakes, NV 89163-6000

Citizens One P.O. Box 7000 Providence, RI 02940

Eureka Savings Bank 250 Marquette Street La Salle, IL 61301

Grasser's plumbing & Heating 404 Main Street Mc Nabb, IL 61335

Hometown National Bank 260 Bucklin Street La Salle, IL 61301

Illinois Department of Revenue P.O. Box 1040 Galesburg, IL 61402

Illinois Valley Community Hospital 925 West Street Peru, IL 61354

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114

John Balestri 149 Gooding Street La Salle, IL 61301

Karen D. Lawniczak 1000 Wenzel Road Peru, IL 61354

Leynaud & Leynaud 1200 38th Street Peru, IL 61354

Lurie Childrens Hospital 225 E. Chicago Avenue Chicago, IL 60611

Maze lumber 1100 Water Street La Salle, IL 61301

Raymond R. Nolasco 3815 Progress Blvd, Peru, IL 61354

Sherman Williams 1400 Midtown Road Peru, IL 61354

St. Francis Medical Center c/o State Collection Service, Inc. 2509 S. Stoughton Road Madison, WI 53716